

WRITE IN INK ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Miami Arizona  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 92

No. Live Oak Canon St. 101620 Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Moreno  
3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No. in order of birth \_\_\_\_\_ 6. Legitimate \_\_\_\_\_ 7. Date of birth Tuesday June 2 year 1925  
If child is not yet named, make supplemental report, as directed.

8. FATHER  
Full name Rosario Moreno  
9. Residence (Usual place of abode) Miami Arizona  
If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
Full maiden name Lucy Cuevas de Moreno  
15. Residence (Usual place of abode) \_\_\_\_\_  
If nonresident, give place and state \_\_\_\_\_

10. Color or race White Mexican  
11. Age at last birthday 31 (Years)

16. Color or race White Mexican  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mazatlan  
(State or country) Sonora Mex

18. Birthplace (city or place) Guachinera  
(State or country) Sonora Mex

13. Occupation  
Nature of industry miner

19. Occupation  
Nature of industry House

20. Number of children of this mother 7 children  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3 p.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Delina D. Dominguez  
(Physician or midwife)  
Address Live Oak a. 808

Given name added from supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_ Filed June 3, 1925 P. E. Davis  
Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Registrar.

446-602-346